

INCIDENT REPORTING FORM FOR VOCATIONAL-TECHNICAL EDUCATION PROGRAMS

County: _____

CO: _____

District: _____

DIST _____

School: _____

I. INCIDENT INFORMATION

A. PERSON

Last Name _____ First Name _____

B. ☐ Male ☐ Female

C. ☐ Student ☐ Staff ☐ Other (specify) _____

Note: Staff must also be reported on the OSHA 300

D. INCIDENT TOOK PLACE

☐ At School ☐ At Job Site ☐ Travel to/from Job Site

E. INJURED PERSON SENT TO ☐ DOCTOR ☐ HOSPITAL

F. GRADE ☐ K-6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Adult

G. AGE _____

H. Did incident occur off school property? ☐ Yes ☐ No

(If answer to H is "Yes," answer questions I, J, K and L)

I. Actual hours in school on day of injury _____

J. Actual hours at work on day of injury _____

K. Type of Business _____ Business Location _____

L. Student Job Title _____

III. DESCRIPTION OF INJURY

A. PART OF BODY INJURED (Mark all that apply)

☐ Abdomen ☐ Buttocks ☐ Elbow ☐ Foot ☐ Leg ☐ Ribs ☐ Teeth ☐ Urinary/Genital

☐ Ankle ☐ Chest ☐ Eye ☐ Hand ☐ Lungs ☐ Scalp ☐ Throat

☐ Arm ☐ Collar-Bone ☐ Face ☐ Head ☐ Mouth ☐ Stomach ☐ Wrist ☐ Nose

☐ Back ☐ Ear ☐ Finger ☐ Knee ☐ Neck ☐ Other (specify) _____

B. APPARENT NATURE OF INJURY (Mark all that apply)

☐ Abrasion ☐ Bite ☐ Concussion ☐ Fracture ☐ Scalding ☐ Splinter ☐ Sprain ☐ Sting

☐ Amputation ☐ Bruise / Bump ☐ Cut / Laceration ☐ Poisoning ☐ Scratch ☐ Other (specify) _____

☐ Asphyxiation ☐ Burn ☐ Dislocation ☐ Puncture ☐ Shock

C. CAUSE OF INJURY (Mark all that apply)

☐ Struck By ☐ Rubbed or Abraded ☐ Horseplay ☐ Caught In, Under, or Between ☐ Contact with Temperature Extremes

☐ Struck ☐ Contact with Caustic, Toxic, or Noxious Substance ☐ Repetitive Motion ☐ Inhaled Toxic or Noxious Substance ☐ Overexertion

☐ Contact with Electric Current ☐ Fall from Elevation ☐ Fall from Same Level ☐ Other (specify) _____

D. DEGREE OF INJURY AT TIME OF AWARENESS:

☐ Non-disabling ☐ Temporary Disability ☐ Permanent ☐ Death

E. PERSONAL PROTECTIVE EQUIPMENT Was personal protective equipment worn at the time of the incident? ☐ Yes ☐ No

What type of protective equipment was used? _____

II. TYPE OF VOCATIONAL-TECHNICAL EDUCATION PROGRAM

A. CAREER CLUSTER (Mark only one)

☐ Agriculture & Natural Resources ☐ Construction

☐ Business & Administrative Services ☐ Education & Training Svcs.

☐ Public Administration Gov't Svcs. ☐ Health Services ☐ Hospitality & Tourism

☐ Human Services ☐ Information Technology Svcs. ☐ Legal and Protective Services

☐ Manufacturing ☐ Wholesale/Retail Sales and Svcs. ☐ Science Research & Tech. Svcs.

☐ Logistics, Transportation, & Distribution Services

B. CIP CODE/PROGRAM _____ C. ENROLLMENT IN CIP CODE _____

D. STRUCTURED LEARNING EXPERIENCE (Mark only one)

☐ Cooperative Education Service ☐ Vocational Student Organization Activity ☐ Volunteer Activity

☐ Job Shadowing ☐ Internship ☐ Apprenticeship

☐ School-Based Enterprise ☐ Community Service ☐ WECEP

☐ Other (specify) _____

E. Did incident involve a student with an Individualized Education Program (IEP)? ☐ Yes ☐ No

IV. Date and Time of Incident

Month _____ Day _____ Year _____ Hour _____ Min _____ AM/PM _____

V. Narrative: Briefly describe incident, include surrounding conditions, actions, tools and equipment involved

VI. Corrective Action Taken: Describe what measures have been taken to correct the conditions leading to incident

VII. Report Completed By:

Signature & Title: _____

Signature of Principal (Date): _____

Signature of Safety & Health Designee (Date): _____